Form **BCA-4.15/4.20** (Rev. Aug. 2014) **APPLICATION TO ADOPT, CHANGE OR CANCEL AN ASSUMED CORPORATE NAME**

Payment must be made by check or money order

Business Corporation Act

Dated

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9520
217-782-6961
www.ilsos.gov

pa	ayable to Secretary of State.	•	
	Filing fee \$	File #	Approved:
	Submit in duplicate $$ Type or Print clearly in black ink $$ Do not write above this line $$		
1.	Corporate Name:		
2.	State or Country of Incorporation:		
3.	Date Incorporated (if an Illinois corporation) or Date Authorized to Transact Business in Illinois (if a foreign corporation)		
	Month Day	Year	
	Complete No. 4	and No. 5 if adopting or cha	nging an assumed corporate name.
4.	Corporation intends to adopt and to transact business under the assumed corporate name of:		
5.	The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary		
	of State until	nth Day Vo	, the first day of the corporation's anniversary
	month in the next year evenly divisible by five.		
	Complete	No. 6 if changing or cancellin	g an assumed corporate name.
6.	Corporation intends to cease transacting business under the assumed corporate name of:		

NOTE: The filing fee to adopt an assumed corporate name is \$150 if the current year ends with a 0 or 5; \$120 if the current year ends with a 1 or 6; \$90 if the current year ends with a 2 or 7; \$60 if the current year ends with a 3 or 8; or \$30 if the current year ends with a 4 or 9.

7. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under

Exact Name of Corporation

Year

The fee for cancelling an assumed corporate name is \$5.

penalties of perjury, that the facts stated herein are true and correct.

The fee to change an assumed name is \$25.

Month Day

Any Authorized Officer's Signature

Name and Title (type or print)